

KIDS FIRST 2022 CHILDCARE FINANCIAL AID POLICIES



Kids First Childcare Financial Assistance Program is funded through a .45 % City of Aspen sales tax dedicated to housing and childcare. **ALL families must re-apply annually by the May 1st deadline.** Applications from families not currently in the program will be accepted by these deadlines for aid to begin the first of the following month:

- ✓February 1
- ✓August 1

- ✓May 1
- ✓November 1

Applicants must supply the following information for both parents:

1. A copy of 2021 Federal tax return. (We do not accept extension letters.)
2. A copy of all W-2's for 2021
3. A copy of current pay stubs from all current employment
4. If self-employed, applicants must supply a current (YTD) profit/loss statement and complete set of 2021 business taxes. You may be asked for documentation to show that your business address is within Aspen's Urban Growth Boundary.
5. The employer verification form must be completed and returned by the employer(s) for both seasonal and full-time jobs.
6. Client Responsibility Agreement
7. Signed copy of documentation that the child is lawfully present in the US.
8. If a parent is unable to work due to a disability, the attending physician should confirm the nature of the disability. In addition, any disability income must be included on the Financial Aid application.
9. Divorce decree, separation agreement and/or custody agreement (if applicable)

IMPORTANT

***Kids First - City of Aspen
Childcare Financial Aid is
dependent on the availability of
funds. Families qualify for
childcare financial aid based on
their gross income, the cost of
childcare, the number of days a
child attends childcare, and the
number of children in childcare.
To see if you may qualify go to
[www.cityofaspen.com/childcar
e-financial-aid](http://www.cityofaspen.com/childcare-financial-aid) to try the pre-
qualification calculator.***

- ☐ The application must be signed and dated.
- ☐ All documents required must be on file to be considered a complete application.
- ☐ Any fraud or misrepresentation made by families to Kids First may disqualify them for current and future consideration. The City of Aspen reserves the right to prosecute any fraud or misrepresentation.
- ☐ Applications received after the deadline will be considered the following quarter. New applications will be reviewed and applicants notified during the month following the application deadline.
- ☐ Families receiving financial assistance from Kids First are responsible to report any changes in income, days using care, childcare provider, pay rate, work schedule or family number/status.
- ☐ After the initial application, families will be required to re-apply annually every May 1.

Parents are eligible to apply if you:

- Have a child under 5
- Have a child attending a licensed Pitkin County childcare program
- Work or live in the Aspen Urban Growth Boundary
- Qualify financially
- Work during the hours your child receives care

The parent or legal guardian of any child age 5 or under attending licensed childcare in Pitkin County is eligible to apply for Financial Aid. Families must live or work in the Aspen Urban Growth Boundary – please see the attached map.

Parents must be working or attending college on the days assistance is awarded. If a parent is attending college or working an overnight shift, you may qualify for childcare financial aid. Additional information will be required; please contact Kids First to find out more about this special circumstance.

Kids First Financial Aid will cover childcare for a maximum of 5 days per week. The minimum amount of Financial Aid awarded per day is \$5.00.

The Financial Aid program is specifically for working parents. **Both** parents must be working on the days when they receive aid.

Who Qualifies – How Much Help Will I Get?

Kids First Advisory Board and the City of Aspen expect that a family can pay an estimated 12% to 22% (depending on income level) of their income before taxes for childcare. Kids First reserves the right to alter the percentage of parent contributions depending on availability of funds.

Kids First Financial Aid begins at the point that a family exceeds the maximum income to qualify for the Colorado Childcare Child Care Assistance Program (CCCAP). CCCAP is the first payer; Kids First pays only if the family has been determined to be over CCCAP maximum income level. If a family qualifies for CCCAP, they will not qualify for Kids First financial aid. Families may be referred to CCCAP and may be required to complete that process before Kids First will determine eligibility for childcare financial aid.

For childcare programs to participate in Kids First Childcare Financial Aid, they must also have current agreements with the Colorado Childcare Assistance Program (CCCAP) and the Colorado Preschool Program (CPP).

Kids First has emergency financial aid for families in crisis. A separate application and doctor's written explanation or other verification is required. Please contact the Kids First office if you think you may qualify.

Hours Worked to qualify for days of financial aid
8 to 15 hours/week you may qualify for 2 days of financial aid.
16 to 22 hours/week you may qualify for 3 days of financial aid.
23 to 28 hours/week you may qualify for 4 days of financial aid.
29 or more hours/week you may qualify for 5 days of financial aid.

Income from all members of the household must be included on the application. Anyone who shares financial responsibility of the household that includes the child (children) must be listed. This may include both parents; mother and live in boyfriend; or father and live in girlfriend; grandparents; or other arrangements. In case of divorce, the parent that is applying for financial aid must submit court documentation that shows what each parent is responsible for paying. If the applicant receives child support then it will be included as income. Until a divorce is final, financial information and complete tax returns for both parents will be used to determine need for financial aid.

Kids First financial aid is paid directly to the early childhood program for each participating child. Days funded include days missed through no fault of the parent (i.e. sick day, or holidays when the program is closed). Kids First expects that in most cases sick days can be made up, when possible. Financial aid will pay for up to three sick days a month. If your child misses more than 3 days a month, those days may not be eligible for financial aid. In the case of extended illness, we require a written statement from the doctor.

How does this work with the childcare program I use?

Any days missed within the control of the parent (i.e. family trips), will not be paid with Financial Aid and the family is responsible for payment of the full tuition to the childcare program.

Families are responsible for paying any amount due to the childcare program that is not paid by Kids First Financial Aid. To continue to receive assistance from this program, families must be current in their payments to providers or risk losing Kids First childcare financial aid.

If your balance to a childcare program is unpaid for more than 30 days your Financial Aid will be probationary. If unpaid for 60 days your Financial Aid will stop and you may reapply the quarter after your balance is paid in full to the childcare program. You may also only reapply for Kids First financial aid with a new childcare program when all payments to other childcare programs are paid in full.

Up to \$150 per qualifying child may be provided annually for activity fees. The childcare provider must request this funding. The child must attend on the day the activity takes place. The activity fee will be paid to the provider.

Kids First expects that families receiving childcare financial aid will fully participate in their child's childcare program. Childcare programs depend on parent participation in many ways, because parent involvement in an early childhood program is a key indicator of quality and a primary component of the child's successful learning in future years.

The Financial Aid Committee meets quarterly to review applications for Financial Aid. This committee is charged with interpreting these policies and determining if financial aid is to be awarded. The committee may grant exceptions to any specific rules set forth herein. Decisions of the financial aid committee are final.

Families with more than one child in childcare will receive 100% of the qualifying financial aid for all qualifying children.

If a family fails to notify Kids First at the time of a salary or wage increase, Kids First will calculate the difference from the date of the change to the time we were notified and you will be responsible for any past tuition owed to the childcare provider. Failure to report any significant changes in a timely manner may result in immediate termination of the financial assistance benefit for the family.

Kids First 215 North Garmisch, Suite 1, Aspen CO 81611
Phone: 970-920-5363

website: www.cityofaspen.com/childcare-financial-aid
Email: kf_financial_aid@aspen.gov

Kids First Childcare Financial Aid Application 2022

215 N Garmisch Street, Suite 1, Aspen, CO 81611

970-920-5363 – online application available:

www.cityofaspen.com/childcare-financial-aid



KIDS FIRST
CITY OF ASPEN

Date of Application: _____

Mother's Name: _____

Current Address: _____

Mailing Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Father's Name: _____

Current Address: _____

Mailing Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

List all Children:

Name: _____ Age/DOB: _____ School: _____ Days enrolled: M _ T _ W _ TH _ F _

Name: _____ Age/DOB: _____ School: _____ Days enrolled: M _ T _ W _ TH _ F _

Name: _____ Age/DOB: _____ School: _____ Days enrolled: M _ T _ W _ TH _ F _

Total # of children in household: _____ Total # of people living in the household: _____

Do you own, rent, or have employer paid housing? _____

☐ Rent – monthly cost \$ _____ ☐ Own employee housing – monthly cost \$ _____

☐ Own free-market housing – monthly cost \$ _____

☐ Other - please explain: _____

REQUIRED DOCUMENTS – PLEASE CHECK THAT YOU HAVE INCLUDED:

- ☐ **2021 Federal Income Tax Return (complete and signed)**
- ☐ **2021 W-2's from all employers**
- ☐ **CURRENT PAY STUB from all employers**
- ☐ **IF SELF EMPLOYED – current (YTD) Profit/Loss Statement and complete set of business taxes**
- ☐ **Child's proof of legal presence (United States birth certificate or United States passport)**
- ☐ **Client responsibility agreement – signed & dated**
- ☐ **Employment verification – filled out by employer- one is required for each job held**
- ☐ **Divorce decree, separation agreement and/or custody agreement – if applicable**

****Completion of this application does NOT guarantee that you will receive financial aid****

➤ You may wish to try the pre-qualification calculator before completing this application -
www.cityofaspen.com/childcare-financial-aid Email: kf_financial_aid@aspen.gov

Mother

Employer #1 _____

Address: _____

Gross monthly income _____

Dates of employment: _____

Employer #2 _____

Address: _____

Gross monthly income _____

Dates of employment: _____

Father

Employer #1 _____

Address: _____

Gross monthly income _____

Dates of employment: _____

Employer #2 _____

Address: _____

Gross monthly income _____

Dates of employment: _____

If seasonal – list dates of employment: _____

Include all other sources of income for Mother or Father:

Child support or alimony _____

Other income (social security, dividends etc.) _____

Falsification of any of the above information or use of Financial Aid funds for purposes other than described herein, may lead to immediate termination of Financial Aid funding and is punishable under the Colorado Revised Statutes, Section 18-4-401, Theft of Services.

In providing the above information, applicant(s) declares the same to be voluntarily furnished. Applicant(s) hereby grants the Kids First Board the right to request verification thereof through persons and/or entities disclosed and/or hereinafter disclosed. Applicant(s) declares the above information is true and accurate. Applicant(s) declares that the information on this application is understood by the applicant(s).

I authorize Kids First, licensed childcare programs, Human Services (CCCAP), Aspen Family Connections (CPP) and other necessary agencies to release pertinent information to better coordinate services for my child (children).

Parent Signature: _____

Date: _____

➤ You may wish to try the pre-qualification calculator before completing this application - www.cityofaspen.com/childcare-financial-aid Email: kf_financial_aid@aspen.gov

CLIENT RESPONSIBILITY AGREEMENT FOR KIDS FIRST FINANCIAL AID



I, _____, _____, agree to the following conditions while receiving financial aid from Kids First – The City of Aspen for my childcare costs.

1. _____ I agree that I will in writing or by email notify Kids First if there are any changes in my/our childcare arrangements, employment, or any household change.
2. _____ I agree to pay the remaining amount of my monthly tuition on time.
 - a. I understand that if I do not pay my tuition to my provider on time each month I will lose my childcare financial aid.
 - b. I understand that my financial aid is based on household income, household size, number of days my child(ren) is/are in care, and number of children in childcare.
3. _____ I understand that I may be asked for an interview to explain and answer any questions that the Kids First Financial Aid Committee may have.
4. _____ I understand that Kids First does not pay financial aid if my family goes on vacation. Financial aid is only paid for the days a parent(s) is/are working.
5. _____ I understand that Kids First financial aid will pay for up to 3 sick days per month. If sick for more than 3 days a doctor's note is required to verify the illness.
6. _____ I understand that if the documentation in and accompanying the application is false or found to be non-verifiable my financial aid will be terminated immediately.
7. _____ Signed copy of the Child's Proof of Citizenship form and documentation that the child(ren) is/are lawfully present in the US.

Client signature

Date

Client signature

Date

Signatures on this form do not represent approval of childcare assistance

Child's Proof of Citizenship or Lawful Presence

Kids First Childcare Financial Aid

Children are considered the primary beneficiary of benefits under the City of Aspen/Kids First financial aid program. Children are the only household members required to verify citizenship status or lawful presence.

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that my child(ren) is (check one):

- ☐ A United States citizen
- ☐ Lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that my child is lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature of parent/guardian

Date

A copy of one of the following common forms of identification for my child(ren) is attached. If you have questions about these documents contact Kids First Financial Aid Coordinator at 970-920-5363 or kf_financial_aid@aspen.gov

- ☐ A certificate of birth in the United States
- ☐ A United States passport

Employment Verification

EMPLOYER - Please scan/email or mail back to:
Kids First – kf_financial_aid@aspen.gov
970-920-5363
215 North Garmisch, Suite 1, Aspen, CO

TO BE COMPLETED BY APPLICANT: *(Complete the Information for each job)*

Employer : _____ Employee Name: _____
Phone Number: () _____ Phone #: () _____
Fax Number: () _____ Cell Phone #: () _____
Address: _____ Address : _____

Applicant Release Statement:

Applicant Name: _____ Date: _____

I hereby authorize the release of the following information in order to determine my eligibility for the Kids First Childcare Financial Aid. Please complete this form in full and return it to Kids First as soon as possible – childcare financial aid will not be awarded without this information.

Signature: _____

TO BE COMPLETED BY EMPLOYER:

The employee named above has applied for Kids First Childcare Financial Aid. We must verify all income for this person and their household to determine eligibility. Please complete the following information and return as soon as possible.

Your assistance in completing this form accurately and timely is greatly appreciated!

If the item does not apply, please indicate by placing “N/A” on the appropriate line.

Position or Title: _____ Date of Hire: _____

Compensation Information

			<u>YES</u>	<u>NO</u>
1. Hourly Wages	\$ _____	Has employment been continuous?	<input type="checkbox"/>	<input type="checkbox"/>
2. # of Hours/Week	_____			
3. # of Weeks/Year <i>(Including paid vacations)</i>	_____	If NO, please explain		
4. Year To Date Earnings	\$ _____	Through <i>(date)</i>	/	/

Overtime Information

5. Hourly Overtime Wages	\$ _____	Is overtime seasonal?	<input type="checkbox"/>	<input type="checkbox"/>
6. # of Overtime Hours/Week	_____	# of Weeks of OT/Year	_____	

Raise Information

7. Next Raise <i>(Please state hourly increase)</i>	\$ _____	Comments:	_____
8. Date of Next Raise	_____		_____

Additional Compensation Information

9. Tips/Week	\$ _____	Comments:	_____
10. Bonuses, Commissions or Other Types	\$ _____		_____

Signature of Employer/Supervisor: _____ Title: _____
Printed Name of Employer/Supervisor: _____
Date of Completed Form: _____ Phone #: () _____

Employment Verification

EMPLOYER - Please scan/email or mail back to:
Kids First – kf_financial_aid@aspen.gov
970-920-5363
215 North Garmisch, Suite 1, Aspen, CO

TO BE COMPLETED BY APPLICANT: *(Complete the Information for each job)*

Employer : _____ Employee Name: _____
Phone Number: () _____ Phone #: () _____
Fax Number: () _____ Cell Phone #: () _____
Address: _____ Address : _____

Applicant Release Statement:

Applicant Name: _____ Date: _____

I hereby authorize the release of the following information in order to determine my eligibility for the Kids First Childcare Financial Aid. Please complete this form in full and return it to Kids First as soon as possible – childcare financial aid will not be awarded without this information.

Signature: _____

TO BE COMPLETED BY EMPLOYER:

The employee named above has applied for Kids First Childcare Financial Aid. We must verify all income for this person and their household to determine eligibility. Please complete the following information and return as soon as possible.

Your assistance in completing this form accurately and timely is greatly appreciated!

If the item does not apply, please indicate by placing “N/A” on the appropriate line.

Position or Title: _____ Date of Hire: _____

Compensation Information

			<u>YES</u>	<u>NO</u>
1. Hourly Wages	\$ _____	Has employment been continuous?	<input type="checkbox"/>	<input type="checkbox"/>
2. # of Hours/Week	_____			
3. # of Weeks/Year <i>(Including paid vacations)</i>	_____	If NO, please explain		
4. Year To Date Earnings	\$ _____	Through <i>(date)</i>	/	/

Overtime Information

5. Hourly Overtime Wages	\$ _____	Is overtime seasonal?	<input type="checkbox"/>	<input type="checkbox"/>
6. # of Overtime Hours/Week	_____	# of Weeks of OT/Year	_____	

Raise Information

7. Next Raise <i>(Please state hourly increase)</i>	\$ _____	Comments:	_____
8. Date of Next Raise	_____		_____

Additional Compensation Information

9. Tips/Week	\$ _____	Comments:	_____
10. Bonuses, Commissions or Other Types	\$ _____		_____

Signature of Employer/Supervisor: _____ Title: _____
Printed Name of Employer/Supervisor: _____
Date of Completed Form: _____ Phone #: () _____

Self-Employed

PROFIT & LOSS STATEMENT

Any borrower(s) who is/are self-employed or an independent contractor should complete this form if they do not already have their own profit and loss form. *(An individual profit and loss statement is needed for every business.)*

Company Name: _____ Percent of Ownership: _____

Company Address: _____

Type of Business: _____

Borrower(s): _____

Loan Number: _____ Report Dates: (From) _____ (To) _____

(The information below must be year to date and must include a minimum of 4 months of Income and Expenses. The Report "To" date cannot exceed the date of this form.)

Please fill in the fields that apply to your business.

GROSS INCOME			
	Definition	Expense	Income
Gross Income	Total amount of income from the sales or services, before subtracting expenses.		\$
Other Income	Any other additional funds earned through the company, such as: payments from people leasing space or payments from investors.		\$
Total Gross Income	Income before taxes		\$

EXPENSES			
	Definition	Expense	Income
Cost of Goods Sold	Direct costs to produce or obtain the goods sold by the company.	\$	
Accounting and Legal Fees		\$	
Advertising Expenses		\$	
Insurance	Do not include Home Owner's Insurance.	\$	
Maintenance and Repairs		\$	
Supplies		\$	
Payroll Expenses	Salaries and wages from borrower(s) on the mortgage loan.	\$	
Payroll Expenses	Salaries and wages for employees who are not borrower(s) on the mortgage loan.	\$	
Postage		\$	

Payroll Expenses, paid to the Borrower(s), require paystubs within the last 30 days. Business bank statements may be required.

Rent		\$
Licenses		\$
Taxes	Do not include Real Estate taxes for the property. Only include the taxes that you have to pay for the business.	\$
Telephone		\$
Depreciation / Depletion		\$
Travel / Transportation		\$
Utilities		\$
Other	Total amount and explanation of any other expenses not already listed above.	\$
1.)	Explain:	\$
2.)	Explain:	\$
3.)	Explain:	\$
Total Expenses		\$

NET INCOME			
	Definition	Expense	Income
Net Income <u>Before</u> Taxes	Gross Income less Total Expenses		\$
Taxes	Taxes paid on Business Income	\$	
Total Net Income <u>After</u> Taxes	Net Income less Taxes		\$

Questionnaire:

Does your company pay you a Salary? **Yes** or **No** (circle one)

Does your company allow you to take Draws? **Yes** or **No** (circle one) If so, complete below:

Year to date Draws: \$ _____ (amount)

By signing this document, I/we certify that all the information is truthful. I/we understand that knowingly submitting false information may constitute fraud.

Borrower: _____

Co-Borrower: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

